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APPLICANTS

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Am.

**** CONTINUING DATA *******

Am.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Am.</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 14	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Shredder with lock for on/off switch

FILING FEE RECEIVED 2220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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